

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10-089096**

FILING DATE

APPLICANT(S)

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	5	0	4	0		
TOTAL DER.	25	0	15	0		
TOTAL CLAIMS	30	0	19	0		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS						
	*	*	*	*	*	*
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		0		0		0
TOTAL DER.		0		0		0
TOTAL CLAIMS		0		0		0